



# Hepatitis A, acute

County \_\_\_\_\_

LHJ Use ID \_\_\_\_\_

☐ Reported to DOH

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

LHJ Classification

☐ Confirmed

By: ☐ Lab ☐ Clinical

☐ Epi Link: \_\_\_\_\_

☐ Outbreak-related

LHJ Cluster# \_\_\_\_\_

LHJ Cluster  
Name: \_\_\_\_\_

DOH Outbreak # \_\_\_\_\_

## REPORT SOURCE

LHJ notification date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation  
start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter name \_\_\_\_\_

Reporter phone \_\_\_\_\_

Primary HCP name \_\_\_\_\_

Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_

Address \_\_\_\_\_ ☐ Homeless

City/State/Zip \_\_\_\_\_

Phone(s)/Email \_\_\_\_\_

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_

Zip code (school or occupation): \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation/grade \_\_\_\_\_

Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Derived

Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Illness duration: \_\_\_\_ days

### Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Discrete onset of symptoms**

☐ ☐ ☐ ☐ Diarrhea Maximum # of stools in 24 hours: \_\_\_\_\_

☐ ☐ ☐ ☐ **Pale stool, dark urine (jaundice)**

Onset date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ **Abdominal cramps or pain**

☐ ☐ ☐ ☐ **Nausea**

☐ ☐ ☐ ☐ **Vomiting**

☐ ☐ ☐ ☐ **Loss of appetite (anorexia)**

☐ ☐ ☐ ☐ **Fatigue**

### Vaccinations

Y N DK NA

☐ ☐ ☐ ☐ Received any doses of hepatitis A vaccine

Number doses in past: \_\_\_\_\_

Year of last dose: \_\_\_\_\_

### Laboratory

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_

Source \_\_\_\_\_

P N I O NT

☐ ☐ ☐ ☐ ☐ **Hepatitis A IgM (anti-HAV)**

☐ ☐ ☐ ☐ ☐ **Serum aminotransferase (SGOT [AST] or  
SGPT [ALT]) elevated above normal**

P = Positive O = Other  
N = Negative NT = Not Tested  
I = Indeterminate

### Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ Complications, specify: \_\_\_\_\_

### Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ **Hospitalized for this illness**

Hospital name \_\_\_\_\_

Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ **Died from illness** Death date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Autopsy Place of death \_\_\_\_\_

## NOTES

**INFECTION TIMELINE****Enter jaundice onset date in heavy box.****Count forward and backward to figure probable exposure and contagious periods**

Days from onset:

**Exposure period**

-50

-15

**Contagious period**

2 weeks prior

to 1 week after jaundice onset\*

Calendar dates:

\* may be longer in children

**EXPOSURE (Refer to dates above)**

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine  
 Out of: ☐ County ☐ State ☐ Country  
 Destinations/Dates: \_\_\_\_\_

☐ ☐ ☐ ☐ Case knows anyone with similar symptoms  
☐ ☐ ☐ ☐ Contact with confirmed or suspect hepatitis A case  
 Nature of contact: ☐ Household member (non-sexual) ☐ Sex partner ☐ Child care by case  
☐ Babysitter for case ☐ Playmate ☐ Drug user  
☐ Other: \_\_\_\_\_

☐ ☐ ☐ ☐ **Epidemiologic link to a lab confirmed case**  
☐ ☐ ☐ ☐ Contact with diapered or incontinent child or adult  
☐ ☐ ☐ ☐ Congregate living Type: \_\_\_\_\_  
☐ Barracks ☐ Corrections ☐ Long term care  
☐ Dormitory ☐ Boarding school ☐ Camp  
☐ Shelter ☐ Other: \_\_\_\_\_

☐ ☐ ☐ ☐ Shellfish or seafood  
 County/location collected: \_\_\_\_\_

☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)

☐ ☐ ☐ ☐ Food from restaurants

Restaurant name/Location: \_\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ Source of drinking water known  
☐ Individual well ☐ Shared well  
☐ Public water system ☐ Bottled water  
☐ Other: \_\_\_\_\_

☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)

☐ ☐ ☐ ☐ Foreign arrival (e.g. immigrant, refugee, adoptee, visitor)  
 Specify country: \_\_\_\_\_

☐ ☐ ☐ ☐ Non-injection street drug use

☐ ☐ ☐ ☐ Injection street drug use

☐ ☐ ☐ ☐ Injection street drug use type: \_\_\_\_\_  
☐ ☐ ☐ ☐ Any type of sexual contact with others during exposure period

# female sexual partners: \_\_\_\_\_

# male sexual partners: \_\_\_\_\_

**How was this person likely exposed to the disease:**

☐ Food ☐ Drinking Water ☐ Sexual contact ☐ Illicit drugs  
☐ Nonsexual close contact ☐ Other ☐ Unknown ☐ Multiple risk factors

**Where did exposure probably occur?**

☐ U.S. but not WA (State: \_\_\_\_\_)

☐ In WA (County: \_\_\_\_\_)

☐ Not in U.S. (Country/Region: \_\_\_\_\_)

☐ Unknown

**Exposure details:** \_\_\_\_\_

☐ **No risk factors or exposures could be identified**

☐ **Patient could not be interviewed**

**PATIENT PROPHYLAXIS / TREATMENT****PUBLIC HEALTH ISSUES**

Y N DK NA

☐ ☐ ☐ ☐ Employed as food worker  
☐ ☐ ☐ ☐ Non-occupational food handling (e.g. potlucks, receptions) during contagious period  
☐ ☐ ☐ ☐ Employed in child care or preschool  
☐ ☐ ☐ ☐ Attends child care or preschool  
☐ ☐ ☐ ☐ Household member or close contact in sensitive occupation or setting (HCW, child care, food)  
☐ ☐ ☐ ☐ Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Agency/location: \_\_\_\_\_  
 Specify type of donation: \_\_\_\_\_  
☐ ☐ ☐ ☐ Part of a common source outbreak:  
☐ Infected food worker  
☐ Food not from food worker  
☐ Waterborne ☐ Other: \_\_\_\_\_  
☐ ☐ ☐ ☐ Failure of vaccine or postexposure prophylaxis

**PUBLIC HEALTH ACTIONS**

☐ Notify blood or tissue bank  
☐ Prophylaxis of contacts recommended  
 Number recommended prophylaxis: \_\_\_\_\_  
 Number receiving prophylaxis: \_\_\_\_\_  
 Number completing prophylaxis: \_\_\_\_\_  
☐ Exclude case from sensitive occupations (HCW, food, child care) or situations (child care) until diarrhea ceases  
☐ Test symptomatic contacts  
☐ Prophylaxis recommended to non-household contacts  
☐ Public announcement recommended  
☐ Restaurant inspection  
☐ Investigate vaccine or postexposure prophylaxis failure  
☐ Other, specify: \_\_\_\_\_

Investigator \_\_\_\_\_

Phone/email: \_\_\_\_\_

Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_

Record complete date \_\_\_\_/\_\_\_\_/\_\_\_\_